

Save America's Treasures

FY 2006 Historic Preservation Fund Grants to Preserve
Nationally Significant Intellectual and Cultural Artifacts and Historic Structures

APPLICATION

06 – SAT 3 2 0

1. PROJECT INFORMATION

Historic Property or Collection Name Pennsylvania Hospital The Pine Building – The Nation's First Hospital Building

Historic Property or Collection Address 800 Spruce Street

City Philadelphia County Philadelphia Congressional District One State PA Zip 19107

Type of project (select ONLY one)

| | | | | |
|-------------------|------------|-------------------|-----------|-------------|
| Historic district | Site | Building <u>x</u> | Structure | Object |
| Artifact | Collection | Document | Sculpture | Work of art |

Amount Requested (Federal share) \$ \$515,000.00 TOTAL Project Cost \$ \$1,030,000.00

2. APPLICANT AND PROJECT DIRECTOR

APPLICANT AGENCY / ORGANIZATION

Authorizing Official's Name Kathleen Kinslow
Title Executive Director

Organization Pennsylvania Hospital DUNS # 071613954

Address 800 Spruce Street

City Philadelphia State PA Zip 19107-6192

Phone 215 829- 7191 Fax 215 829- 3614
e-mail kakins@pahosp.com

PROJECT DIRECTOR (if different from Authorizing Official)

Name James Kelley Title Director, Engineering Services

Organization

Pennsylvania Hospital

Address Pine Basement 800 Spruce St.

City Philadelphia State PA Zip 19107-6192

Phone 215-829-5887 Fax 215-662-2255
e-mail jkelly@pahosp.com

3. SIGNATURE OF AUTHORIZING OFFICIAL The applicant's authorizing official must sign and date this form.
Signatures must be original and in ink.

Signature

Kathleen Tinslow

Date

7/13/06

4. OWNERSHIP AND PROOF OF NONPROFIT STATUS

Does the applicant own this historic property or collection?

☒ Yes ☐ No

If the applicant does not own this property, attach a letter explaining the relationship between the owner and the applicant and the authority under which the applicant will be the grantee of record to undertake work on the property or collection. The letter must be on the owner's letterhead and must be signed by the owner's authorizing official.

If the applicant is not a Federal agency, proof of nonprofit or government status must be attached to this application.

- A copy of the Federal IRS letter indicating the applicant's eligibility for nonprofit status under the applicable provisions of the Internal Revenue Code of 1954, as amended.
- An official document identifying the applicant as a unit of state, tribal, or local government or other tax-exempt multipurpose organization. If prepared specifically for this application, the certification must be on the parent organization letterhead and certified by an official of the parent organization.

Please note – A letter of sales tax exemption is not acceptable as proof of nonprofit status.

5. DOCUMENTATION

A minimum of four (4), 4"x6" or larger black and white or color photographs must accompany the original and each copy of the application. Photographs must include views of the historic property (showing entire building/property) or collection and views specifically documenting the threat or damage to the property or collection. Photographs must be labeled.

Photocopies and photographs submitted electronically will not be accepted. Photographs will not be returned. **Please note:** Submission of **printed** digital photographs will not disqualify an application; however, photographs of lesser quality could affect reviewers' evaluation of an application.

6. PROJECT SUMMARY

In the space below, **briefly** summarize the proposed project. Discuss the national significance of the historic property or collection, its current condition, the nature of the threat, the proposed preservation and/or conservation work, and the project's public benefit. One continuation sheet may be attached; however, applicants are strongly encouraged to provide brief, concise narratives.

This 2006 Pennsylvania Hospital Save America's Treasures Grant Application proposes a two-year restoration project with a budget of \$1,030,000. Pennsylvania Hospital will provide \$515,000 in in-kind and matching funds. The priority areas in need of treatment are façade masonry and wood restoration and paint finishing, the implementation of a termite protection system, and drainage system improvements.

Pennsylvania Hospital is the nation's first hospital and a designated National Historic Landmark. Founded by Dr. Thomas Bond and Benjamin Franklin, the hospital was chartered in 1751 by the colonial government as the first institution in America organized exclusively for the treatment and care of the sick poor and mentally ill. The Pennsylvania Hospital became a primary force in shaping the attitude of colonial Americans toward persons with emotional and psychological disorders, as well as advancing the practice of clinical medicine through Dr. Bond's structured training of medical students at the hospital. As the first chartered hospital in the nation, Pennsylvania Hospital offers the public a view at the history of medicine in a way unlike any other institution in the United States. The original surgical amphitheatre and historic medical library are both open to the public. In addition, the hospital's archives reflect the development of healthcare and medical education from the eighteenth to the twentieth centuries and include original records penned by Benjamin Franklin. The art collection is comprised of fine works by significant artists, such as Thomas Sully, Benjamin West, and Thomas Eakins. Each year more than 6,000 visitors, students, and scholars use the reference materials and tour the Historic Collections housed in the original edifice – that symbolizes the onset of medicine in our nation – the Pine Building.

Each year more than 21,000 inpatients and 197,000 outpatients are served by Pennsylvania Hospital. Pennsylvania Hospital is also our region's leading provider of both obstetrics and high-risk maternal/fetal services. It should be noted that, during an era of a declining regional birthrate, Pennsylvania Hospital continues to annually record nearly 5,000 births. For these reasons, in recent years, it was imperative that the hospital's major capital expenditures focus on medical and patient-centered health care needs.

Over a four-month period that commenced in October 2005, the architectural/engineering firm of S. Harris & Company, Philadelphia, Pennsylvania, conducted and completed the assessment of the existing and ongoing physical conditions that are present in the building with a goal of recommending a methodology of repairs for this National Historic

Landmark. After a full analysis of the data garnered, four major areas in need of preservation attention were identified by S. Harris & Co. In order of priority they are: 1) wood restoration and paint finishes of the façade ornamentation and windows; 2) drainage systems, including slate roofing repair and gutter/downspout improvements; 3) termite monitoring and extermination for structural damage prevention; 4) masonry restoration of the façade.

Pine Building termite protection, façade ornamentation repair, preservation of the wood elements on the façade of the Pine Building, and drainage repairs will be completed through treatment, replacement and painting and supported by this proposed grant. The wood elements on the façade of the Pine Building are rapidly deteriorating and will continue to rot if conservation and wood restoration treatments are not preformed in a timely manner. The minimal paint coating that is left will not last another full weathering cycle of spring rains and winter freezes. Allowing the wood to remain exposed has caused some areas to become saturated with water, develop mold, and rot severely. Some of the molding observed had minor surface rot which can be repaired prior to a repainting campaign. However, some wood rot has affected the attachment mechanisms and the molding is detaching from the building. Areas of the building identified in the assessment report as having detaching molding will require immediate attention due to the potential loss of historic fabric, and more importantly, for the safety of the public.

The preservation campaign to Save the Pine Building will greatly benefit the public who annually visit this historic icon. The Pine Building is open to the public seven (7) days a week. With tours, use of the archives, and the *Learn to Grow* Program more than 8,000 children, faculty, scholars, physicians, students, tourists and citizens visit each year. For the generations of families who have been served by Pennsylvania Hospital, for medical staff; and for the physicians, nurses, students, volunteers, and general public who want to see, first-hand, what the nation's first hospital looked like, the Pine Building is a permanent fixture of a time gone by as well as a living experience today.

7. NATIONAL SIGNIFICANCE (30 POINTS)

Applications for collections or historic properties not meeting this criterion will receive no further consideration. Complete either section A or section B, as appropriate.

A. HISTORIC PROPERTIES

The historic property will be considered to be nationally significant according to the definition of "National Significance" outlined on page 3 of the Guidelines and Application Instructions if it meets one of the following criteria. **Check the applicable criterion and complete item "c".**

- a) ☒ Designated as a National Historic Landmark or located within and contributing to a historic district that is designated as a National Historic Landmark District. (20 – 30 POINTS)
- b) ☐ Listed in the National Register of Historic Places for national significance or located within and contributing to a historic district that is listed in the National Register for its national significance. (UP TO 25 POINTS) Please note that properties can be listed in the National Register for significance at the local, state, or national level; most properties are not listed for national significance. The level of significance can be found in Section 3 – State/Federal Agency Certification of the property's approved National Register nomination. Contact your State Historic Preservation Office if you have questions about the level of significance or do not have a copy of the approved nomination.
- c) Why the property is nationally significant:

7A c - National Significance:

The Pennsylvania Hospital is the nation's first hospital and a designated National Historic Landmark. Founded by Dr. Thomas Bond and Benjamin Franklin, the hospital was chartered in 1751 by the colonial government as the first institution in America organized exclusively for the treatment and care of the sick poor and mentally ill. The Pennsylvania Hospital became a primary force in shaping the attitude of colonial Americans toward persons with emotional and psychological disorders, as well as advancing the practice of clinical medicine through Dr. Bond's structured training of medical students at the hospital.

The Pennsylvania Hospital, the first chartered hospital in the nation, offers the public a view at the history of medicine in a way unlike any other institution in the United States today. The Pennsylvania Hospital Archives Collection, housed in the East Wing of the Pine Building, and the Historic Library, located in the Center of the Pine Building, provide a record that reflects the development of healthcare and medical education from the eighteenth to the twentieth centuries. The Archives are open to the public via appointment and provide a unique resource for scholars interested in the history of: hospital development, health care, medicine, society, culture, nationality/race; and architecture.

The entire building was designed by Samuel Rhoads in 1751, with a plan for a Central building with two wings on either side. Due to land availability, only the East Wing was built between 1755 and 1756. The construction phase of the Central and West Wing was completed between 1796 and 1802, and was carried out by David Evans, Sr., and David Evans, Jr., who followed Rhoads design.

The Hospital continues to use these original buildings. The Medical Library (Center Building) opened its doors in 1762, making it the oldest medical library in the country, and in 1847 the American Medical Association designated it as the first, largest, and most important medical library in the United States. The surgical amphitheatre, located on the top of the Center Building and in use from 1804-1868, is approximately 30 feet high and 28 feet in diameter. The upper gallery has rows of wooden benches that hold approximately 130 students and observers, but it was often over-crowded when an unusual operation or particularly popular lecturer was scheduled. Since the skylight was initially the only source of lighting, operations were scheduled for mid-day and preferably during clear weather. The surgical amphitheatre helped to inaugurate American clinical teaching by bringing the patient into the lecture room with the students. In 1834 Dr. Benjamin Coates initiated the practice of demonstrating medical/surgical techniques on patients. Distinguished physicians who, over the years, operated and taught in the surgical amphitheatre were: Dr. Phillip Syng Physick, Dr. George W. Norris, Dr. Joseph Pancoast, Dr. D. Hayes Agnew and Dr. Thomas G. Morton.

8. PROJECT DESCRIPTION

Additional sheets may be attached; however, applicants are strongly encouraged to provide brief, concise narratives.

A. WHAT IS THE THREAT TO THE HISTORIC PROPERTY OR COLLECTION? (25 POINTS)

Description of the current condition of the collection or historic property and explanation of how it is threatened or endangered.

8A. Current Condition:

Restoration of the Pine Building is a top priority of the Pennsylvania Hospital Board of Managers. As a result, private funding was sought and secured for the purpose of commissioning an architectural/engineering assessment of the condition of the building. Over a four-month period that commenced in October 2005, S. Harris & Company, Philadelphia, Pennsylvania, conducted and completed the assessment of the existing and ongoing physical conditions that are present in the building with a goal of recommending a methodology of repairs for this National Historic Landmark (Addendum – *S. Harris & Co. Pine Building Preservation Assessment Executive Summary*)

After a full analysis of the data garnered, four major areas in need of preservation attention were identified by S. Harris & Co. In order of priority they are: 1) wood restoration and paint finishes of the façade ornamentation and windows; 2) drainage systems, including slate roofing repair and gutter/downspout improvements; 3) termite monitoring and extermination for structural damage prevention; 4) masonry restoration of the façade.

1) Façade Conditions – From a close range vantage point, it was determined that all of the paint is checked and delaminated and the decorative wood elements are deteriorating. The attachment conditions of the cornices are in fair condition, except for some noted locations where they have begun to pull away from the building. A section on the north façade of the East Wing was found to be detaching from the wall approximately ½” and wood putty filled the gap.

Having identified open seams in the gutter boxes and bent crimped edges over the cornices, the assessors wanted to determine the saturation levels and deterioration of the decorative façade elements. The majority of the wood cornice details that are in poor condition correspond to downspout locations. Locations where the downspouts are deteriorated or they are not connected properly causes water to saturate the surrounding wood elements. This situation has led to wood rot and has created a nesting area for animals to burrow inside. Below these cornice locations and around the downspouts mortar and brick deterioration was identified as being caused from water washing down the façade.

The wood ornamental details are deteriorating where the paint finishes have delaminated and are exposing the wood to the elements. The decorative elements that characterize the façade and cupolas are in jeopardy since the paint finishes are severely deteriorated and are allowing water to saturate the raw wood. In some cases, particularly the frieze around the central cupola, the wood molding has very little paint left and the wood is rotted and saturated with water. This wood saturation creates a problematic condition when trying to reapply a paint finish. The remainder of the façade elements, including the masonry walls, pointing mortar, stone sills and heads, pilasters, and capitals, have minor problematic conditions. There are limited areas of mortar loss, cracks in the stone, and metallic staining. The majority of the masonry wall conditions are related to water saturation from failing downspouts and clogged gutters. The entire building has been re-pointed several times so the interior of the building has been well protected from moisture infiltration through open mortar joints. Star bolts or façade anchors have been installed primarily on the north façade to tie the masonry wall back into the framing of the building. These anchors are common on masonry buildings that have experienced any differential movement of the façade and the structure. S. Harris & Co. identified two separate campaigns of structural wall anchors.

The stone pilasters and keystones above each window are in good condition, with only minor biological growth on the surfaces. Only a few stone sills were found to be cracked or split, but their open joints have been filled in with mortar to protect from water infiltration. The exterior of the building has been generally well preserved, but it is now that the effects of its age are apparent and in need of a full range of conservation treatments.

2) Drainage and Roof Conditions – The assessment found the slate shingles on the roof in varying conditions. There are repair and replacement slate campaigns throughout, particularly on the East Wing and the ridge caps around the central cupola. On the remainder of the roof there are missing and broken shingles sprinkled throughout. Many of the broken shingle remnants have fallen into the built-in gutters and have caused some clogging of the drainage systems. On the northeast side of the Central section of the building a considerable amount of water accumulation in the gutter was noted and the drain for the downspout was blocked with debris.

The slate shingles themselves are a mixture of good and poor quality Pennsylvania slate. On the south side of the roof, we found many of the shingles in poor condition, with discoloration and scaling. When the slate scales or layers begin to delaminate and detach, it creates a rapid deteriorating environment from which the roof sheathing and trusses can rot. The roof sheathing condition is also suspect where hot asphalt has been added or where we see many broken or scaling shingles. The shingles are attached with copper nails which is ideal for this roof due to the multiple copper elements throughout. The copper flashing in the valleys and along dormer and chimney walls are all functioning fairly well. Three locations on the third floor are experiencing a lot of moisture infiltration and the assessors believe that this condition is related to deteriorating chimney flashing and cap stones.

On the east side of the building and in the library stacks there is a considerable amount of plaster failure and mold growth due to water infiltration. These locations coincide with a chimney or ventilation stack on the roof. The water can enter through deteriorated flashing around the stack or through the vent cap. A similar condition in the West Wing on the north side of the building in the study area and in the library was also inspected and noted.

The entire length of the copper gutters was inspected and most of the crimped edges were bent and the metal seams were detached. The seams of the copper lining were also covered or filled in with hot asphalt. This remedial technique is used to hold the seams together, but it is not a long-term solution. The copper lines the gutter boxes and is crimped over and attached to the cornices. The path of the storm water runs in the gutters and down into copper downspouts. Some of the downspouts have been replaced in part or in whole with painted galvanized leaders. This metallic combination creates a corrosive environment and causes the galvanized sections below the copper to deteriorate.

3)Termite Damage - Termite damage was detected throughout the building in varying stages of severity. Generally, it was found that the termite infestation had occurred in both old and newer generations of construction, but it is unclear if there are currently active termite colonies. The East Wing is the oldest section of the building, and that is where the most damage has been caused by termites. Specifically, there are three offices on the south side of the East Wing that have pockets of floor planks that are failing. The level of severity of damage is less in the West Wing, but termite infestation in both the north and south sides of the Wing was found. Generally, on the first and second floors of the building, the termite infestation was found to be in the same areas as the basement, including some damage to newer floor sheathing.

In analyzing the results of the data, S. Harris & Co. found that there is a general pattern of location of termite infestation. Many of the areas where infestation was found are repeated in the floor above. However, on the third floor of the building, the intensity and frequency of the infestation was found to be less severe. At the attic and cupola levels, no termite damage to the heavy timber framing was detected.

4) Masonry Restoration of the Façade – The masonry is primarily in good condition, with just a few localized conditions that require attention. These conditions include brick deterioration, mortar loss, minor stone erosion, and surface staining. All of these items were ranked by S. Harris & Company as low on the priority scale since they are not affecting the overall building or contributing to other more severe failures such as the loss of historic ornamentation.

8B. WHAT WORK WILL BE SUPPORTED BY THIS GRANT AND HOW WILL IT MITIGATE THE THREAT TO THE HISTORIC PROPERTY OR COLLECTION? (25 POINTS)

- **Description of the key project activities and products to be supported by this grant and the non-Federal match. A description of how this work will significantly diminish or eliminate the threat, danger, or damage to the historic property and pre-project planning activities:**

As previously noted, in the fall of 2005 funding was secured from private sources to support an architectural/engineering assessment of the Pine Building. The firm selected to perform this work was S. Harris & Company. S. Harris and Company provides architectural services, structural engineering, envelope analysis, historic preservation consultation, construction planning, and forensic analyses to other architects and engineers as well as directly to property owners and managers and to construction companies and contractors. The firm's concentration is in the area of building technology and, more specifically, focuses on building technology as it applies to existing and aging properties, sites, and structures. Among the completed projects of S. Harris & Company are: Bath Hotel, Nevis, West Indies; Belmont Mansion, Philadelphia, PA; Civil War & Underground Railroad Museum of Philadelphia; Eastern State Penitentiary, Philadelphia, PA; First African Baptist Church, Philadelphia, PA.; Linderman Library, Lehigh University, Bethlehem, PA; Loudoun Mansion, Philadelphia, PA.; St. Peter's Church National Historic Landmark, Philadelphia, PA. El Teatro, University of Puerto Rico.

Pine Building termite protection, façade ornamentation repair, preservation of the wood elements on the façade of the Pine Building, and drainage repairs will be completed through treatment, replacement and painting and supported by this proposed grant. The wood elements on the façade of the Pine Building are rapidly deteriorating and will continue to

rot if conservation and wood restoration treatments are not preformed in a timely manner. The minimal paint coating that is left will not last another full weathering cycle of spring rains and winter freezes. Allowing the wood to remain exposed has caused some areas to become saturated with water, develop mold, and rot severely. Some of the molding observed had minor surface rot which can be repaired prior to a repainting campaign. However, some wood rot has affected the attachment mechanisms and the molding is detaching from the building. Areas of the building identified in our report as having detaching molding will require immediate attention due to the potential loss of historic fabric, and more importantly, for the safety of the public.

Due to these conditions, there will invariably be some sections of molding that will not be able to accept new paint coatings and therefore will need to be replaced in kind. These replacements will need to be done with care and with some scrutiny due to the removal of historic fabric on this National Historic Landmark. The criteria for replacement versus repair will require a specialist in architectural historic preservation design to identify and prescribe procedures for these wood elements. On site monitoring of the restoration work will also be necessary to assure that prescribed procedures are being followed and to specify additional repair work that may be necessary. Additionally, necessary repair work needed on the drainage systems as it affects the wood elements will also be addressed as needed by this initial stage of restoration.

Key personnel undertaking the work and description of qualifications:

James Kelley, Director, Pennsylvania Hospital, Engineering Services will serve as the project director. If personnel have not been selected, briefly describe the qualifications you will require. Mr. Kelley has served in engineering administration at Pennsylvania Hospital for the past twenty-two (22) years. Prior to coming to Pennsylvania Hospital he served for thirteen (13) years as a supervisor, superintendent, and site manager for the Sun Shipbuilding Company. Mr. Kelley currently serves as the President of the Pennsylvania Society for Health Facility Engineering. He is also a member of the American Society for Healthcare Engineering.

Through the Hospital's competitive standard bidding process, Mr. Kelley will select and supervise a restoration consultant. The painting and drainage system experts, also competitively selected, will be supervised by the restoration consultant. The restoration consultant will use the assessment provided by S. Harris & Company as a guide in implementing the plan regarding the Pine Building restoration project that includes: façade ornamentation repair, wood windows repairs, paint finishes, drainage system improvements, and termite prevention. The selected consultant will have a background in architecture or engineering and will be experienced in restoration and preservation of historical buildings.

Description of how the project will have a clear public benefit.

Each year more than 6,000 visitors, students, and scholars use the reference materials and tour the historic collections housed in the original edifice – that symbolizes the onset of medicine in our nation – the Pine Building. The Historic Collection serves hospital staff, physicians and researchers from throughout the globe, they include: professors, graduate/ undergraduate students, journalists, schoolteachers, writers, and genealogists. Scholars in many fields of history have used the Historic Collections resources. The Historic Library houses one of the finest rare book collections in the United States and is one of the most complete medical libraries for the period 1750-1850. The Pennsylvania Hospital Historic Archives documents 253 years of changes in health care, as well as the lives of numerous individuals who served the medical community and the nation. Tours of the Pennsylvania Hospital enable visitors to appreciate the fine architecture and unique interior.

These tours offer the public a view at the history of medicine in a way unlike any other institution in the United States.. The Medical Library (Center Building) at Pennsylvania Hospital was established in 1762 when Dr. William Shippen, Jr. presented a book, anatomical drawings and three anatomical plaster casts from Dr. John Fothergill, a London physician and friend of Franklin and Bond. The library is the first and oldest library of its kind in the country, and in 1847 the American Medical Association designated it as the first, largest and most important medical library in the United States. Today the library houses approximately 13,000 volumes, many of which are found in only a handful of institutions in the world. Acquired books focused on anatomy, botany, obstetrics and mental illness, and the holdings include such classics as the works of Vesalius, Linnaeus, and Catesby's *Natural History of Carolina*. The Hospital's collection of fine art includes paintings, portraits, engravings, and sculpture of key subjects in Pennsylvania Hospital history; several works are by very significant artists, such as Thomas Sully, Benjamin West and Thomas Eakins. Hospital staff, patients, the general public, historians, and students of art appreciate these works on a daily basis.

The Archives collection, housed in the East Wing of the Pine Building, is comprised of organizational records (many in Benjamin Franklin's personal hand as President and Clerk of the Pennsylvania Hospital), personal papers of physicians (including Benjamin Rush and Phillip Syng Physick)/nurses, photographs, artifacts, engravings, and scrapbooks as well as

the records of affiliates absorbed by Pennsylvania Hospital, and those of the original facility for the mentally ill, the Institute of Pennsylvania Hospital (IPH) Collection. These records reflect the development of healthcare and medical education from the eighteenth to the twentieth centuries and are open to the public and provide a unique resource for scholars interested in the history of hospital development, health care, medicine, society, culture, nationality/race, and architecture. Like the Archives, the Historic Library's holdings can inform art historians, designers, scholars, and the general public regarding the history of medicine, technology, science, health policy, and printing.

In March 2006, *The Learn to Grow Project*, was funded (\$50,000) by W. Atlee Burpee & Company and The Burpee Foundation, and provides, at no-cost, school-age groups of children with historic tours of the Pine Building. The project provides structured, hands-on, activities in the Pennsylvania Hospital Physic Garden that encourages children to become knowledgeable regarding the history of medicine in the U.S. and the early use of the environment: planting the medicinal botanical garden to use in the care of the sick. Project participation is open to all schools and community programs that serve elementary and secondary school-age children and youth, ages 6-18, in the Philadelphia five-county region, as well as those in Southern New Jersey and Northern Delaware. Project outreach efforts target inner city schools and urban youth service programs that serve populations integrated by race, ethnicity, and religious background. It is anticipated that 2,000 children will annually participate in this program. In addition, Burpee has donated more than \$20,000 in plants and materials for the project's use.

The Pine Building is open to the public seven (7) days a week; guided tours are provided during the week by appointment or by a self-guided walking tour brochure. For the generations of families who have been served by Pennsylvania Hospital, for medical staff; and for the physicians, nurses, students, volunteers, and general public who want to see, first-hand, what the nation's first hospital looked like, the Pine Building is a permanent fixture of a time gone by as well as a living experience today.

- **Explanation of how Pennsylvania Hospital will ensure continued maintenance of the Pine Building in the context of organization-wide preservation or conservation activities.**

Pennsylvania Hospital has developed a five-year plan that encompasses all of the restoration activities as outlined in the assessment provided by S. Harris & Company and well as sets in place a plan to increase the historic preservation endowment. The recently completed architectural/engineering assessment and this 2006 Save America's Treasures Application that focuses on the façade restoration and painting, termite prevention, and a portion of the improvements to the drainage system represents the initial phase of the plan.

A *Save the Pine Building* Advisory Committee is being developed to assist Pennsylvania Hospital in securing funding and implementing the plan. This group is chaired by Alvin Holm, AIA, Philadelphia Chapter President of Classical Architecture and Classical America. Henry Hope Reed, our nation's foremost architectural historian, and Dr. C. Everett Koop, a former Pennsylvania Hospital Resident and United States Surgeon General, have agreed to serve as the Honorary Co-Chairs of the *Save the Pine Building* Advisory Committee. Additional members represent the historic preservation community, philanthropy, and the corporate sector.

The Executive Committee of the Pennsylvania Hospital Board of Managers has resolved to utilize the income from one of the Hospital's existing Board-restricted endowment funds to seed a new fund entitled the *Pine Building Restoration Fund*. If this application is successful, this fund will serve as the match component for the Save America's Treasures fund. The Pennsylvania Hospital is a member of the University of Pennsylvania Health System. As a component of a soon-to-be-launched, university-wide, capital campaign, the Pennsylvania Hospital Development Office is prioritizing the Pine building restoration needs and its endowment in their plan to participate in the campaign. Private sources of funding will continue to be identified to complete the restoration of those areas identified in the assessment, but not requested as priorities in this application, and to further grow the *Pine Building Restoration Fund*.

8. PROJECT BUDGET AND FINANCIAL INFORMATION (20 POINTS)

A. PROJECT BUDGET

The budget must be clear, and all work elements must be eligible, reasonable, and directly relevant to the project. Outline the project budget in the form below; add additional lines in a category as needed. Each cost item must clearly show how the total charge for that item was determined. All major costs must be listed, and all cost items should be explained in the narrative of the application. The budget must include at least the minimum required match (e.g., if applying for a \$300,000 grant, the budget must describe at least \$600,000 of costs/work). All non-Federal match must be cash expended or services donated during the grant period, which is generally 2 to 3 years and is specified in the grant agreement.

1. Personnel. Provide the names and titles of key project personnel. Please note that grant funds may not be used to pay Federal employee salaries, nor may Federal salaries be used as match/cost share.

| Name/Title of Position | Wage or Salary | Federal Grant Funds | Match /Cost Share (if any) | Total |
|--------------------------------|----------------|---------------------|----------------------------|-------------|
| James Kelley, Project Director | \$ 8,000.00 | \$ 0 | \$ 8,000.00 | \$ 8,000.00 |
| Subtotal | | \$ | \$ | \$ |

2. Fringe Benefits. If more than one rate is used, list each rate and the wage or salary base.

| Rate 25% | Salary or Wage Base | Federal Grant Funds | Match / Cost Share (if any) | Total |
|-----------------|---------------------|---------------------|-----------------------------|-------------|
| % of \$8,000 | \$ \$2,000.00 | \$ 0 | \$ \$2,000.00 | \$ 2,000.00 |
| Subtotal | | \$ | \$ | \$ |

3. Consultant Fees. Include payments for professional and technical consultants participating in the project.

| Name and Type of Consultant | # of Days | Daily Rate of Compensation | Federal Grant Funds | Match/Cost Share (if any) | Total |
|-----------------------------|-----------|----------------------------|---------------------|---------------------------|--------------|
| Restoration Manager | 100 | \$ 300.00 | \$ 15,000.00 | \$ 15,000.00 | \$ 30,000.00 |
| Subtotal | | | \$ | \$ | \$ |

4. Travel and Per Diem. Indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs.

| From/To | # of People | # of Travel Days | Subsistence Costs (Lodging and Per Diem) | Transportation Costs (Airfare and Mileage) | Federal Grant Funds | Match/Co st Share (if any) | Total |
|-----------------|-------------|------------------|--|--|---------------------|----------------------------|-------|
| N/A | | | | | | | |
| | | | | | \$ | \$ | \$ |
| Subtotal | | | | | \$ | \$ | \$ |

5. Office Supplies and Materials. Include consumable supplies and materials to be used in the project and any items of expendable equipment, i.e., equipment costing less than \$5000 or with an estimated useful life of less than two years. Equipment costing more than that should be listed in Equipment - Category 6.

| Item N/A | Cost | Federal Grant Funds | Match/Cost Share (if any) | Total |
|-----------------|------|---------------------|---------------------------|-------|
| | \$ | \$ | \$ | \$ |
| Subtotal | | \$ | \$ | \$ |

9. PROJECT BUDGET AND FINANCIAL INFORMATION (CONTINUED)

A. Project Budget (continued)

6. Equipment. List all equipment items in excess of \$5000. Items worth less than \$5000 or that have a useful life of less than two years must be listed in Supplies and Materials - Category 5.

| Item N/A | Cost | Federal Grant Funds | Match/Cost Share (if any) | Total |
|-----------------|------|---------------------|---------------------------|-------|
| | \$ | \$ | \$ | \$ |
| Subtotal | | \$ | \$ | \$ |

7. Construction/Conservation Materials and Labor. If this a "lump sum" amount supplied by an architect or contractor, explain briefly what work items are included in the lump sum.

| | Cost | Federal Grant Funds | Match/Cost Share (if any) | Total |
|--|--------------|---------------------|---------------------------|---------------|
| Item Façade Masonr/Wood Restoration and Paint Finish | \$920,000.00 | \$460,000.00 | \$460,000.00 | \$920,000.00 |
| Drainage System Repairs | \$ 65,000.00 | \$ 40,000.00 | \$ 25,000.00 | \$ 65,000.00 |
| Subtotal | | \$ 500,000.00 | \$ 485,000.00 | \$ 985,000.00 |

8. Other (specify).

| Item | Cost | Federal Grant Funds | Match / Cost Share (if any) | Total |
|---------------------------|-------------|---------------------|-----------------------------|-------------|
| Termite Protection System | \$ 5,000.00 | \$ 0 | \$ 5,000.00 | \$ 5,000.00 |
| Subtotal | | \$ | \$ | \$ |

BUDGET SUMMARY

Enter category totals here

| Category | Federal Grant Funds | Match/Cost Share | Total |
|---|---------------------|------------------|----------------|
| 1. Personnel | \$ 0 | \$ 8,000.00 | \$ 8,000.00 |
| 2. Fringe Benefits | \$ 0 | \$ 2,000.00 | \$ 2,000.00 |
| 3. Consultant Fees | \$ 15,000.00 | \$ 15,000.00 | \$ 30,000.00 |
| 4. Travel and Per Diem | \$ 0 | \$ 0 | \$ 0 |
| 5. Supplies and Materials | \$ 0 | \$ 0 | \$ 0 |
| 6. Equipment | \$ 0 | \$ 0 | \$ 0 |
| 7. Construction/Conservation Materials and Labor | \$500,000.00 | \$ 485,000.00 | \$ 985,000.00 |
| 8. Other | \$ | \$ 5,000.00 | \$ 5,000.00 |
| TOTAL PROJECT COSTS | \$ 515,000.00 | \$ 515,000.00 | \$1,030,000.00 |

9. PROJECT BUDGET AND FINANCIAL INFORMATION (CONTINUED)

B. WHAT ARE THE SOURCES OF THE NON-FEDERAL MATCH?

List the **secured** sources and amounts of the required dollar-for-dollar non-Federal match, which can be cash, donated services, or use of equipment. Federal appropriations or other Federal grants, except CDBG grants from the Department of Housing and Urban Development, may not be used for match. All non-Federal match must be used during the grant period to execute the project.

Secured Sources: \$ 391,800 in funds represents secured endowment income upon completion of the two-year project period; \$5,000 in funds secured through facilities operating budget for termite protection system; \$10,000 in in-kind administrative personnel and fringe benefits.

If the match is **not secured**, explain how it will be raised.

The remainder of the non-Federal match (\$108,200) will be raised through private source fundraising activities conducted during the duration of the project.

C. NON-FEDERAL APPLICANTS ONLY

Organization's non-Federal operating budget for the most recently completed fiscal year:

Year FY 2005 Non-Federal budget \$292,378,301 (\$ in 000's)___

FY 05-06 Pennsylvania Hospital operating budget attached.

Pennsylvania Hospital & Affiliates
Statement of Revenues & Expenses Without Corporate
FY 2005 Projections
(\$ in 000's)

| | ACTUAL 12 Mths Ending June 30, 2004 | ACTUAL 12 Mths Ending June 30, 2005 | BUDGET 12 Mths Ending June 30, 2006 |
|----------------------------------|--|--|--|
| Revenue: | | | |
| Inpatient | 238,413,118 | 257,310,369 | 278,944,654 |
| Outpatient | 64,706,003 | 65,037,646 | 71,468,566 |
| Third Party Settlements | 3,040,053 | 0 | 0 |
| Other Revenue | 19,198,155 | 19,363,915 | 17,909,935 |
| Total Revenue | | | |
| Expenses: | | | |
| Salaries & Wages | 116,266,884 | 121,372,413 | 130,414,586 |
| Employee Benefits | 26,181,580 | 26,658,626 | 31,104,756 |
| Supplies & Expenses | 102,338,166 | 96,729,655 | 99,590,708 |
| IET Purchased Services | 0 | 4,300,429 | 4,181,227 |
| Depreciation & Amortization | 8,592,067 | 9,272,649 | 11,695,847 |
| Interest | 5,410,858 | 5,757,354 | 6,572,000 |
| Malpractice | 6,320,870 | 6,778,894 | 7,457,000 |
| Provision for Bad Debts | 17,145,697 | 16,003,359 | 14,773,000 |
| Utilities | 5,269,191 | 5,504,922 | 5,538,606 |
| Total Expenses | | | |
| Gross Operating Margin Pre IET S | 37,832,016 | 49,333,629 | 56,995,425 |
| IET Support | 0 | 8,859,499 | 10,751,465 |
| Gross Operating Margin | | | |
| Corporate Services | | | |
| Net Operating Marging | | | |

Timeline for project completion:

The Pennsylvania Hospital proposes to complete the proposed project in two years. The exterior of the Pine Building: façade ornamentation repair; wood window; repairs, and painting will be completed within two years of the grant award. In addition, the repairs to the drainage system, as it affects the exterior façade, will also take place during the two-year period. The project will begin with the implementation of the termite protection system.

Timeline:

As soon as award notification is received, a notice to bid will be released for the selection of the restoration consultant.

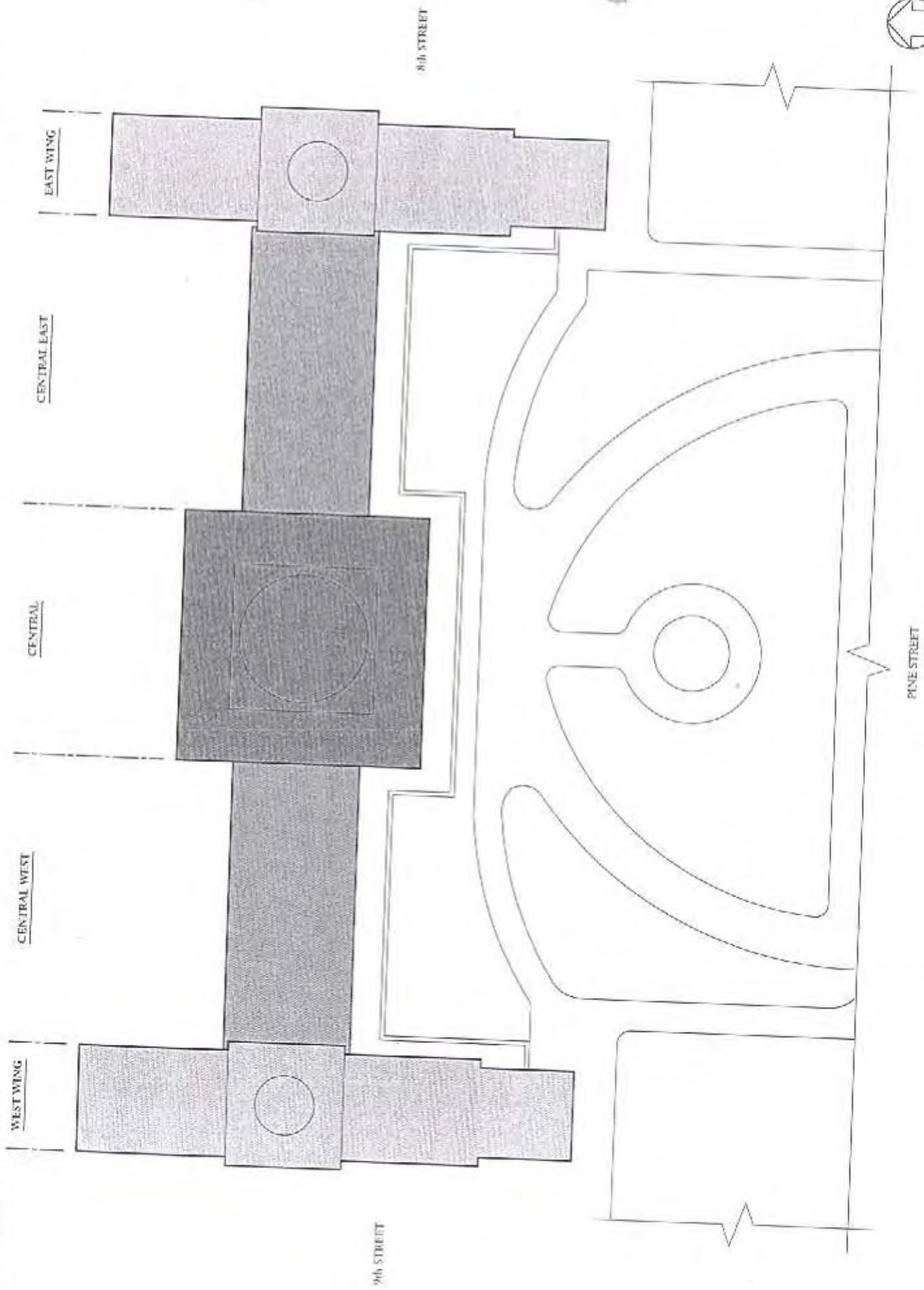
Upon his/her selection and his/her development of a structured action plan, the selection of those who will provide the façade ornamentation repair, wood restoration, paint finishing, and drainage systems repairs will ensue through use of the hospital's standard competitive bid process. The contractors will then be selected and engaged to begin work as soon as weather permits.

March 2007 – Termite protection system implemented – Cost: \$5,000.00

March 2007 through Fall 2009 - Façade ornamentation repair, wood restoration, paint finishing, and drainage system repairs – Cost: \$1,025,000.00.

PENNSYLVANIA HOSPITAL
PINE BUILDING
PRESERVATION
ASSESSMENT

KEY PLAN
NOT TO SCALE





View of Central Building



View of East Wing



Building Location: Central Elevation: North EL
 Level: 3rd FL Description: Deteriorated wood cornice



Building Location: Central Elevation: North EL
 Level: 3rd FL Description: Severe paint delamination, wood rot



Building Location: Central
Level: 3rd FL

Elevation: North EL
Description: Deteriorated wood cornice

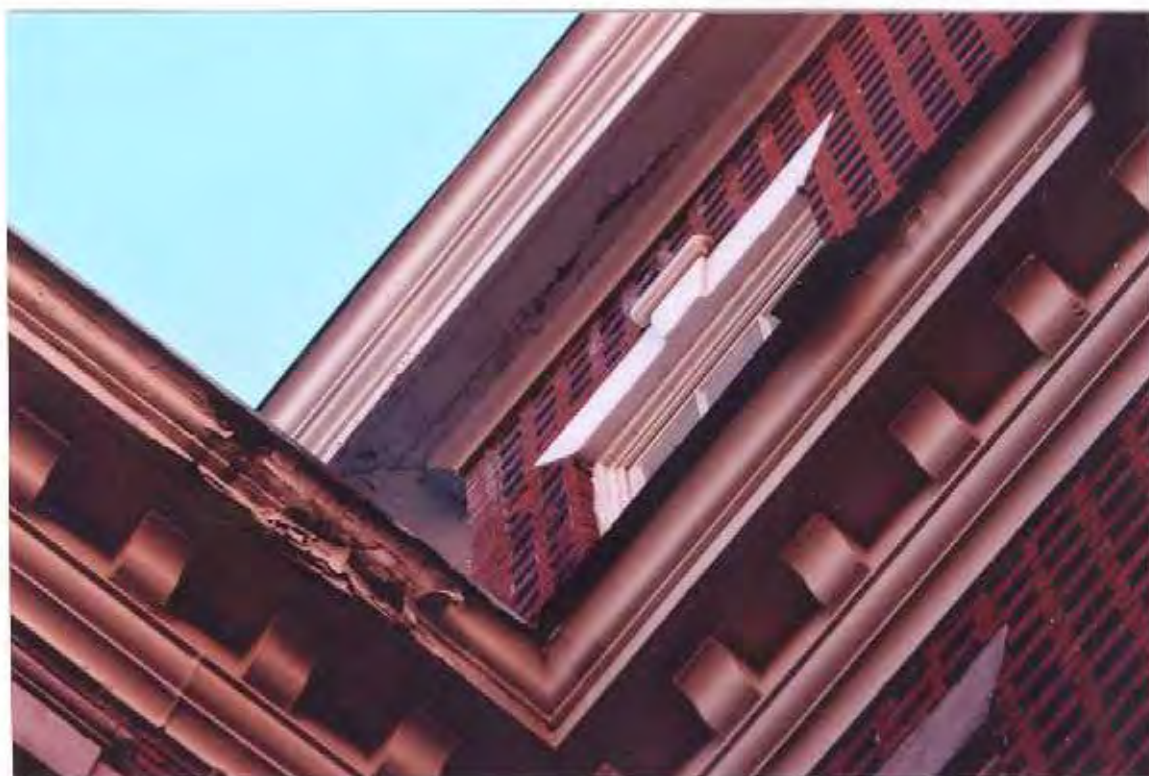


Building Location: Central
Level: 3rd FL

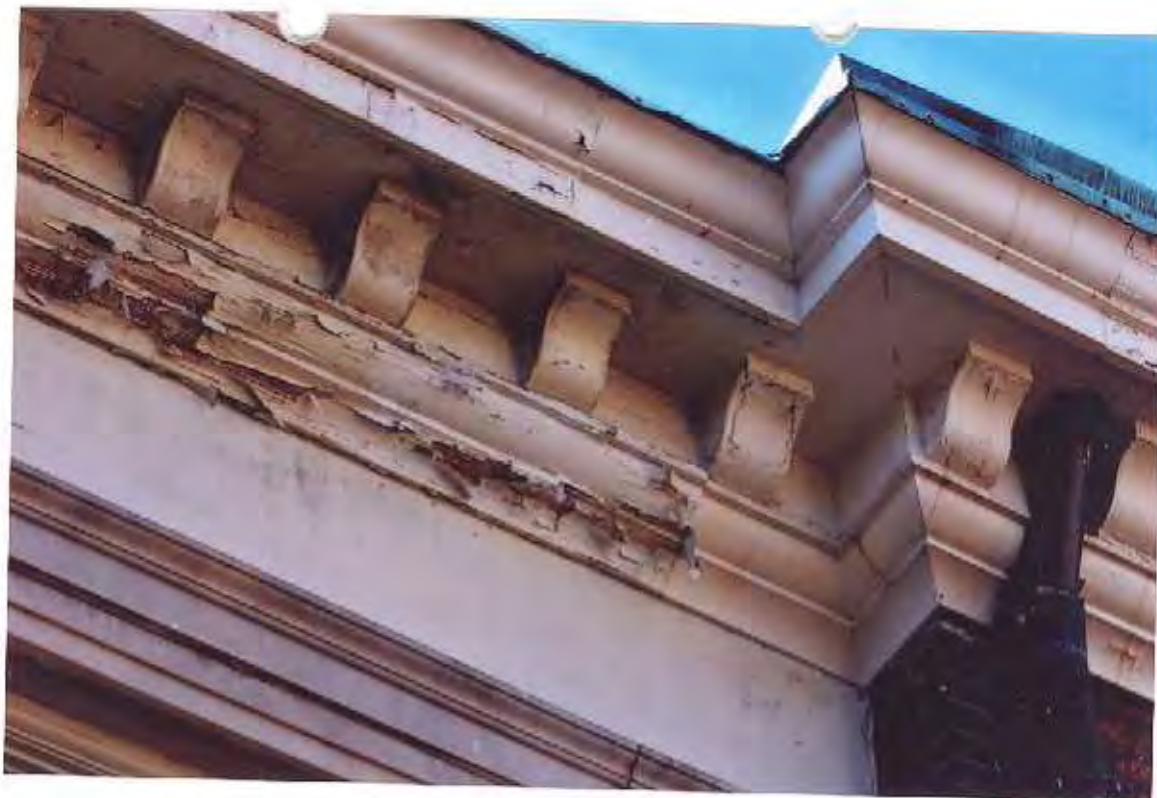
Elevation: North EL
Description: Severe paint delamination, wood rot



Building Location: Central
Level:
Elevation: West EL
Description: Paint delamination



Building Location: Central West
Level: 3rd Floor
Elevation: East EL
Description: Severe water damage



Building Location: West Wing
Level: 2nd Floor

Elevation: East EL
Description: Water damage on cornice



Building Location: West Wing
Level: 3rd Floor

Elevation: South EL
Description: Circular window, paint delamination



Building Location: West Wing
Level: 1st Floor

Elevation: West EL
Description: Rotted wood column base



Building Location: West Wing
Level: 1st Floor

Elevation: West EL
Description: Paint delaminated at door and column



Building Location: West Wing
Level: 2nd Floor

Elevation: West EL
Description: Severe rot and water damage



Building Location: View from window 3.42
Level: Roof

Elevation: West
Description: Paint delamination on frieze & balustrade of central cupola



Building Location: View from window 3.44
Level: Roof

Elevation: North
Description: Severe rot & water damage,
window frame



Building Location: View from window 3.54
Level: Roof

Elevation: East
Description: Large split in cornice, severe
water damage



Building Location: View from window 4.3
Level: Roof

Elevation: East
Description: West cupola base roof corroded,
paint deterioration



Building Location: East Wing
Level: 2nd Floor

Elevation: East EL
Description: Water damage on wood cornice



Building Location: East Wing
Level: 3rd Floor

Elevation: East EL
Description: Severe water damage